Finger Dislocation

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Contents

- 1 Introduction
- 2 Clinical Priority and Clinical Priority Rationale by Design Reference Mission
- 3 Initial Treatment Steps During Space Flight
- 4 Capabilities Needed for Diagnosis
- 5 Capabilities Needed for Treatment
- 6 Associated Gap Reports
- 7 Other Pertinent Documents
- 8 List of Acronyms
- 9 References
- 10 Last Update

Introduction

Dislocation of a finger joint occurs when the articulating surfaces of the bones on either side of the joint move out of alignment, so that the continuity between them is lost, without necessarily fracturing the bones. Dislocation is mainly caused by trauma, which may involve such mechanisms as hyper-extension, hyper-flexion, forceful deviation in the ulnar or radial direction, axial load, direct pressure or crushing.^[1]

Finger joint dislocation may also be associated with significant bone fracture, in which case diagnosis and treatment should follow the guidelines for 'fracture'. A finger dislocation has occurred previously during space flight. The most likely mechanisms of injury in flight would occur during activities involving translation of high mass objects inside the space craft, during exercise, during repair activities, and during Extravehicular Activities (EVAs).^[2]

Clinical Priority and Clinical Priority Rationale by Design Reference Mission

One of the inherent properties of space flight is a limitation in available mass, power, and volume within the space craft. These limitations mandate prioritization of what medical equipment and consumables are manifested for the flight, and which medical conditions would be addressed. Therefore, clinical priorities have been assigned to describe which medical conditions will be allocated resources for diagnosis and treatment. "Shall" conditions are those for which diagnostic and treatment capability must be provided, due to a high likelihood of their occurrence and severe consequence if the condition were to occur and no treatment was available. "Should" conditions are those for which diagnostic and treatment capability should be provided if mass/power/volume limitations allow. Conditions were designated as "Not Addressed" if no specific diagnostic and/or treatment capability are expected to be manifested, either due to a very low likelihood of occurrence or other limitations (for example, in medical training, hardware, or consumables) that would preclude treatment. Design Reference Missions (DRMs) are proposed future missions designated by a set of assumptions that encompass parameters such as destination,

length of mission, number of crewmembers, number of Extravehicular Activities (EVAs), and anticipated level of care. The clinical priorities for all medical conditions on the Exploration Medical Condition List (EMCL) can be found here (https://humanresearchwiki.jsc.nasa.gov/index.php?title=Category:All_DRM). The EMCL document may be accessed here (https://humanresearchwiki.jsc.nasa.gov/images/6/62/EMCL RevC 2013.pdf).

Design Reference Mission	Clinical Priority	Clinical Priority Rationale
Lunar sortie mission		
Assumptions: 4 crewmembers (3 males, 1 female) 14 days total 4 EVAs/ crewmember Level of Care 3	Shall	Finger dislocation has occurred previously during space flight. Since an untreated finger dislocation could interfere with the crewmember's ability to perform manual tasks while on a lunar sortic mission and may impact a crewmember's performance on EVAs, treatment capability shall be manifested.
Lunar outpost mission		
Assumptions: 4 crewmembers (3 males, 1 female) 180 days total 90 EVAs/ crewmember Level of Care 4	Shall	Finger dislocation has occurred previously during space flight. Since an untreated finger dislocation could interfere with the crewmember's ability to perform manual tasks while on a lunar outpost mission and may impact a crewmember's performance on EVAs, trearment capability shall be manifested.
Near-Earth Asteroid (NEA) mission		
Assumptions: 3 crewmembers (2 males, 1 female) 395 days total 30 EVAs/ crewmember Level of Care 5	Shall	Finger dislocation has occurred previously during space flight. Since an untreated finger dislocation could interfere with the crewmember's ability to perform manual tasks while in the transit phase of the mission and may impact a crewmember's performance on proximity operation EVAs, trearment capability shall be manifested.

Initial Treatment Steps During Space Flight

A link is provided to a prior version of the International Space Station (ISS) Medical Checklist, which outlines the initial diagnostic and treatment steps recommended during space flight for various conditions which may be encountered onboard the ISS. Further diagnostic and treatment procedures beyond the initial steps outlined in the Medical Checklist are then recommended by the ground-based Flight Surgeon, depending on the clinical scenario. Please note that this version does not represent current diagnostic or treatment capabilities available on the ISS. While more recent versions of this document are not accessible to the general public, the provided version of the checklist can still provide a general sense of how medical conditions are handled in the space flight environment. Medical Checklists will be developed for exploration missions at a later point in time.

Please note this file is over 20 megabytes (MB) in size, and may take a few minutes to fully download.

ISS Medical Checklist (http://www.nasa.gov/centers/johnson/pdf/163533main_ISS_Med_CL.pdf)

Capabilities Needed for Diagnosis

The following is a hypothetical list of capabilities that would be helpful in diagnosis. It does not necessarily represent the current capabilities available onboard current spacecraft or on the <u>ISS</u>, and may include capabilities that are not yet feasible in the space flight environment.

■ Imaging (such as X-ray or ultrasound)

Capabilities Needed for Treatment

The following is a hypothetical list of capabilities that would be helpful in treatment. It does not necessarily represent the current capabilities available onboard current spacecraft or on the <u>ISS</u>, and may include capabilities that are not yet feasible in the space flight environment.

- Finger splint
- Tape
- Analgesics (non narcotic, narcotic, oral, injectable)
- Skin cleanser [such as alcohol/ Benzalkonium antiseptic (BZK)/iodine]
- Gloves
- Sharps container
- Medication delivery device (such as Carpuject)

Associated Gap Reports

The NASA Human Research Program (HRP) identifies gaps in knowledge about the health risks associated with human space travel and the ability to mitigate such risks. The overall objective is to identify gaps critical to human space missions and close them through research and development. The gap reports that are applicable to this medical condition are listed below. A link to all of the HRP gaps can be found here (http://humanresearchroadmap.nasa.gov/Gaps/).

- 2.01 We do not know the quantified health and mission outcomes due to medical events during exploration missions.
- 2.02 We do not know how the inclusion of a physician crew medical officer quantitatively impacts clinical outcomes during exploration missions.
- 3.01 We do not know the optimal training methods for in-flight medical conditions identified on the Exploration Medical Condition List taking into account the crew medical officer's clinical background. (Closed)
- 3.03 We do not know which emerging technologies are suitable for in-flight screening, diagnosis, and treatment during exploration missions.
- 4.01 We do not have the capability to provide a guided medical procedure system that integrates with the medical system during exploration missions.
- 4.02 We do not have the capability to provide non-invasive medical imaging during exploration missions.
- 4.06 We do not have the capability to stabilize bone fractures and accelerate fracture healing during exploration missions.
- 4.08 We do not have the capability to optimally treat musculoskeletal injuries during exploration missions.
- 4.14 We do not have the capability to track medical inventory in a manner that integrates securely with the medical system during exploration missions.
- 4.15 Lack of medication usage tracking system that includes automatic time stamping and crew identification
- 4.17 We do not have the capability to package medications to preserve stability and shelf-life during exploration missions.
- 4.24 Lack of knowledge regarding the treatment of conditions on the Space Medicine Exploration Medical Condition List in remote, resource poor environments (Closed)
- 5.01 We do not have the capability to comprehensively manage medical data during exploration missions.

Other Pertinent Documents

List of Acronyms

В	
BZK	Benzalkonium antiseptic
D	
DRM	Design Reference Mission
E	
EMCL	Exploration Medical Condition List
EVA	Extravehicular Activity
I	
ISS	International Space Station
M	
MB	Megabyte

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N]
NEA	Near Earth Asteroid
X	
X-ray	Radiograph

References

- 1. Polansky R. Finger Dislocation Joint Reduction. Schraga E, editor. WebMD Medscape Reference. 7-11-2011. New York, WebMD. Accessed August 2011.http://emedicine.medscape.com/article/109206-overview.
- 2. Scheuring RA, Mathers CH, Jones JA, Wear ML. Musculoskeletal injuries and minor trauma in space: incidence and injury mechanisms in U.S. astronauts. Aviat Space Environ Med 2009 Feb;80(2):117-24.

Last Update

This topic was last updated on 8/12/2014 (Version 2).

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